

| | |
|---|---|
| FCC Form 481 - Carrier Annual Reporting Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|---|---|

| | |
|---|----------------------|
| <010> Study Area Code | 209002 |
| <015> Study Area Name | FIBERNET, LLC |
| <020> Program Year | 2014 |
| <030> Contact Name: Person USAC should contact with questions about this data | Anne Sarbin |
| <035> Contact Telephone Number: Number of the person identified in data line <030> | 540-946-3547 |
| <039> Contact Email Address: Email of the person identified in data line <030> | sarbina@lumosnet.com |

| ANNUAL REPORTING FOR ALL CARRIERS | | 54.313 Completion Required | 54.422 Completion Required |
|---|---|-------------------------------------|-------------------------------------|
| <100> Service Quality Improvement Reporting | (complete attached worksheet) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <200> Outage Reporting (voice) | (complete attached worksheet) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <210> <input type="checkbox"/> <-- check box if no outages to report | | | |
| <300> Unfulfilled Service Requests (voice) | 0 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <310> Detail on Attempts (voice) | (attach descriptive document) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <320> Unfulfilled Service Requests (broadband) | (attach descriptive document) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <330> Detail on Attempts (broadband) | (attach descriptive document) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <400> Number of Complaints per 1,000 customers (voice) | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <410> Fixed | 2.069 | | |
| <420> Mobile | | | |
| <430> Number of Complaints per 1,000 customers (broadband) | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <440> Fixed | | | |
| <450> Mobile | | | |
| <500> Service Quality Standards & Consumer Protection Rules Compliance | (check to indicate certification) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <510> 209002wv510 | (attach descriptive document) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <600> Functionality in Emergency Situations | (check to indicate certification) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <610> 209002wv610 | (attach descriptive document) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <700> Company Price Offerings (voice) | (complete attached worksheet) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <710> Company Price Offerings (broadband) | (complete attached worksheet) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <800> Operating Companies and Affiliates | (complete attached worksheet) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/> | (if yes, complete attached worksheet) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <1000> Voice Services Rate Comparability | (check to indicate certification) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <1010> | (attach descriptive document) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <1100> Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/> | (if not, check to indicate certification) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <1110> | (complete attached worksheet) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <1200> Terms and Condition for Lifeline Customers | (complete attached worksheet) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

| | | | |
|--------|-----------------------------------|--------------------------|-------------------------------------|
| <2000> | (check to indicate certification) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <2005> | (complete attached worksheet) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

| | | | |
|--------|-----------------------------------|--------------------------|-------------------------------------|
| <3000> | (check to indicate certification) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <3005> | (complete attached worksheet) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

| | | |
|-------|---|--|
| <010> | Study Area Code | 209002 |
| <015> | Study Area Name | FIBERNET, LLC |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Anne Sarbin |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 540-946-3547 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | sarbin@lumosnet.com |
| <110> | Has your company received its ETC certification from the FCC? | (yes / no) <input type="radio"/> <input checked="" type="radio"/> |
| <111> | If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC? | (yes / no) <input type="radio"/> <input type="radio"/> |

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How (USF) was used to improve service quality
- <116> How (USF) was used to improve service coverage
- <117> How (USF) was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

| | |
|--|--|
| (200) Service Outage Reporting (Voice) Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|--|--|

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

| | | |
|-------|---|----------------------|
| <010> | Study Area Code | 209002 |
| <015> | Study Area Name | PIBERNET, LLC |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Anne Sarbin |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 540-946-3547 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | sarbina@lumosnet.com |

[illegible]

Lumos Networks LLC (fka FiberNet, LLC) (SAC 209002) demonstration of complying with applicable service quality standards and consumer protection rules:

In establishing this certification in its *2005 ETC Order*,¹ the FCC found that an ETC must make “a specific commitment to objective measures to protect consumers.”² The Commission found that for wireless ETCs, compliance with CTIA’s Consumer Code for Wireless Service would satisfy this requirement” and that the sufficiency of other commitments would be considered on a case-by-case basis.³ In this context, the FCC stated, “to the extent a wireline or wireless ETC applicant is subject to consumer protection obligations under state law, compliance with such laws may meet our requirement.”⁴

Lumos Networks LLC (“Company”) hereby certifies that it is complying with applicable service quality standards and consumer protection rules. The Company is subject to consumer protection obligations under state law. These obligations include, but are not limited to, the following: (1) filing a Local Exchange Tariff pursuant to the requirements of the West Virginia Public Service Commission, Title 150, Legislative Rules, Series 2 §150-2-2 and Series 6 §150-6-2, which discloses rates, terms and conditions of service to customers; (2) truth-in-billing requirements; and (3) CPNI, Red Flag Rules and other applicable federal and state requirements governing the protection of customers’ privacy.

¹ *Federal-State Joint Board on Universal Service*, CC Docket No. 96-45, Report and Order, FCC 05-46 (rel. Mar. 17, 2005) (“*2005 ETC Order*”).

² *Id.* at para. 28.

³ *Id.* The FCC noted that under the CTIA Consumer Code, wireless carriers agree to: “(1) disclose rates and terms of service to customers; (2) make available maps showing where service is generally available; (3) provide contract terms to customers and confirm changes in service; (4) allow a trial period for new service; (5) provide specific disclosures in advertising; (6) separately identify carrier charges from taxes on billing statements; (7) provide customers the right to terminate service for changes to contract terms; (8) provide ready access to customer service; (9) promptly respond to consumer inquiries and complaints received from government agencies; and (10) abide by policies for protection of consumer privacy.” *Id.* at n. 71.

⁴ *Id.* at n. 72.

Lumos Networks LLC's (fka FiberNet, LLC) (SAC 209002) Ability to Function in Emergency Situations

Lumos Networks LLC. hereby certifies that it is able to function in emergency situations as set forth in the Code of Federal Regulations, Title 47, Part 54, Subpart C, §54.202(a)(2)¹ and the West Virginia Public Service Commission Title 150, Legislative Rules, Series 6 §150-6-6. The Company's network is designed to remain functional in emergency situations without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations as required by Section 54.202(a)(2). The Company can change call routing translations as needed to reroute traffic around damaged facilities. Changing call routing translations will also allow the Company to manage traffic spikes throughout its network, as emergency situations require.

Specifically, each central office building is supplied with standby generators and battery back-up that enable the central office to keep running until power is restored so long as fuel is available, or until system changes are made to reroute traffic.

¹ Section 54.202(a)(2) requires ETCs that are designated by the Commission to "demonstrate its ability to remain functional in emergency situations, including a demonstration that it has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations."

1/1/2013

11

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

| | | |
|-------|---|----------------------|
| <010> | Study Area Code | 209002 |
| <015> | Study Area Name | FIBERNET, LLC |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Anne Sarbin |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 540-946-3547 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | sarbina@lumosnet.com |

[illegible]

(800) Operating Companies
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986 / GMB Control No. 3060-0819
July 2013

OMB Control No. 3060-0986 / OMB Control No. 3060-0819

July 2013

| | | |
|-------|---|----------------------|
| <010> | Study Area Code | 209002 |
| <015> | Study Area Name | FIBERNET, LLC |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Anne Sarbin |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 540-946-3547 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | sarbina@lumosnet.com |

| | | |
|-------|-------------------|----------------------------------|
| <810> | Reporting Carrier | Lumos Networks LLC |
| <811> | Holding Company | Lumos Networks Corp. |
| <812> | Operating Company | Lumos Networks Operating Company |

| <813> | <a1> | <a2> | <a3> |
|-------|------------|------|--|
| | Affiliates | SAC | Doing Business As Company or Brand Designation |

-- See attached worksheet --

**(900) Tribal Lands Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

| | | |
|-------|---|----------------------|
| <010> | Study Area Code | 209002 |
| <015> | Study Area Name | PIBERNET, LLC |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Anne Sarbin |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 540-946-3547 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | sarbina@lumosnet.com |

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

| Select (Yes, No, NA) |
|----------------------------|
| |
| |
| |
| |
| |
| |
| |
| |
| |

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

| | | |
|-------|---|---------------------|
| <010> | Study Area Code | 209002 |
| <015> | Study Area Name | FIBERNET, LLC |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Anne Sarbin |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 540-946-3547 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | sarbin@lunosnet.com |

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G) ☐

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G) ☐

(1200) Terms and Condition for Lifeline Customers**Lifeline****Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

| | | |
|-------|---|----------------------|
| <010> | Study Area Code | 209002 |
| <015> | Study Area Name | FIBERNET, LLC |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Anne Sarbin |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 540-946-3547 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | sarbina@lumosnet.com |

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of attached document (.pdf)

<1220> Link to Public Website

HTTP www.lumosnetworks.com/support/lifeline

"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒
- <1222> Details on the number of minutes provided as part of the plan, ☒
- <1223> Additional charges for toll calls, and rates for each such plan. ☒

(2000) Price Cap Carrier Additional Documentation**Data Collection Form***Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

| | | |
|-------|---|----------------------|
| <010> | Study Area Code | 209002 |
| <015> | Study Area Name | FIBERNET, LLC |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Anne Sarbin |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 540-946-3547 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | sarbina@lumosnet.com |

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

- <2010> 2nd Year Certification {47 CFR § 54.313(b)(1)}
- <2011> 3rd Year Certification {47 CFR § 54.313(b)(2)}

☐
☐
Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}

- <2012> 2013 Frozen Support Certification
- <2013> 2014 Frozen Support Certification
- <2014> 2015 Frozen Support Certification
- <2015> 2016 and future Frozen Support Certification

☐
☐
☐
☐
Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

- <2016> Certification Support Used to Build Broadband

☐
Connect America Phase II Reporting {47 CFR § 54.313(e)}

- <2017> 3rd year Broadband Service Certification
- <2018> 5th year Broadband Service Certification
- <2019> Interim Progress Certification
- <2020> Please check the box to confirm that the attached PDF, on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.
- <2021> Interim Progress Community Anchor Institutions

☐
☐
☐
☐

Name of Attached Document Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation

FCC Form 481

Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

| | | |
|-------|---|---------------------|
| <010> | Study Area Code | 209002 |
| <015> | Study Area Name | FIBERNET, LLC |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Anne Sarbin |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 540-946-3547 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | sarbin@lumosnet.com |

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

Progress Report on 5 Year Plan

| | | | |
|--------|--|--|-----------------------------------|
| (3010) | Milestone Certification [47 CFR § 54.313(f)(1)(i)] Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. | Name of Attached Document Listing Required Information | <input type="checkbox"/> |
| (3012) | Community Anchor Institutions [47 CFR § 54.313(f)(1)(ii)] | Name of Attached Document Listing Required Information | <input type="checkbox"/> |
| (3013) | Is your company a Privately Held ROR Carrier [47 CFR § 54.313(f)(2)] | | <input type="checkbox"/> (Yes/No) |
| (3014) | If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: | | <input type="checkbox"/> (Yes/No) |
| (3015) | Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) | | <input type="checkbox"/> |
| (3016) | PDF of Balance Sheet, Income Statement and Statement of Cash Flows | | <input type="checkbox"/> |
| (3017) | If the response is yes on line 3014, attach your company's RUS annual report and all required documentation | Name of Attached Document Listing Required Information | <input type="checkbox"/> |
| (3018) | If the response is no on line 3014, Is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: | | <input type="checkbox"/> (Yes/No) |
| (3019) | Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications | | <input type="checkbox"/> |
| (3020) | PDF of Balance Sheet, Income Statement and Statement of Cash Flows | | <input type="checkbox"/> |
| (3021) | Management letter issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: | | <input type="checkbox"/> |
| (3022) | Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, | | <input type="checkbox"/> |
| (3023) | Underlying information subjected to a review by an independent certified public accountant | | <input type="checkbox"/> |
| (3024) | Underlying information subjected to an officer certification. | | <input type="checkbox"/> |
| (3025) | PDF of Balance Sheet, Income Statement and Statement of Cash Flows | | <input type="checkbox"/> |
| (3026) | Attach the worksheet listing required information | Name of Attached Document Listing Required Information | <input type="checkbox"/> |

| | |
|---|--|
| Certification - Reporting Carrier Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|---|--|

| | |
|---|----------------------|
| <010> Study Area Code | 209002 |
| <015> Study Area Name | FIBERNET, LLC |
| <020> Program Year | 2014 |
| <030> Contact Name - Person USAC should contact regarding this data | Anne Sarbin |
| <035> Contact Telephone Number - Number of person identified in data line <030> | 540-946-3547 |
| <039> Contact Email Address - Email Address of person identified in data line <030> | sarbina@lumosnet.com |

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

| | |
|---|------------------|
| Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients | |
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. | |
| Name of Reporting Carrier: | FIBERNET, LLC |
| Signature of Authorized Officer: | CERTIFIED ONLINE |
| Date | 10/14/2013 |
| Printed name of Authorized Officer: | Amanda Wedge |
| Title or position of Authorized Officer: | Regulatory |
| Telephone number of Authorized Officer: | 540-946-8677 |
| Study Area Code of Reporting Carrier: | 209002 |
| Filing Due Date for this form: | 10/15/2013 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | |

| | |
|---|--|
| Certification - Agent / Carrier Data Collection Form | FCC Form 481 OMB Control No. 3060-0596/OMB Control No. 3060-0819 July 2013 |
|---|--|

| | |
|---|----------------------|
| <010> Study Area Code | 209002 |
| <015> Study Area Name | FIBERNET, LLC |
| <020> Program Year | 2014 |
| <030> Contact Name - Person USAC should contact regarding this data | Anne Sarbin |
| <035> Contact Telephone Number - Number of person identified in data line <030> | 540-946-3547 |
| <039> Contact Email Address - Email Address of person identified in data line <030> | sarbina@lumosnet.com |

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

| Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier | |
|--|--------------------------------------|
| I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate. | |
| Name of Authorized Agent: _____ | |
| Name of Reporting Carrier: _____ | |
| Signature of Authorized Officer: _____ | Date: _____ |
| Printed name of Authorized Officer: _____ | |
| Title or position of Authorized Officer: _____ | |
| Telephone number of Authorized Officer: _____ | |
| Study Area Code of Reporting Carrier: _____ | Filing Due Date for this form: _____ |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | |

TO BE COMPLETED BY THE AUTHORIZED AGENT:

| Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier | |
|--|--------------------------------------|
| I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate. | |
| Name of Reporting Carrier: _____ | |
| Name of Authorized Agent or Employee of Agent: _____ | |
| Signature of Authorized Agent or Employee of Agent: _____ | Date: _____ |
| Printed name of Authorized Agent or Employee of Agent: _____ | |
| Title or position of Authorized Agent or Employee of Agent: _____ | |
| Telephone number of Authorized Agent or Employee of Agent: _____ | |
| Study Area Code of Reporting Carrier: _____ | Filing Due Date for this form: _____ |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | |

Attachments

(200) Service Outage Reporting (Voice)
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

| | | |
|-------|---|---------------------|
| <010> | Study Area Code | 209002 |
| <015> | Study Area Name | FIBERNET, LLC |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Anne Sarbin |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 540-946-3547 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | sarbin@lumosnet.com |
| <220> | | |

| <a> | <b1> | <b2> | <b3> | <b4> | <c1> | <c2> | <d> | <e> | <f> | <g> | <h> |
|-----------------------------|----------------------|-------------------------|--------------------|-----------------------|------------------------------------|---------------------------------|---|--|---|---|--|
| NORS Reference Number | Outage Start Date | Outage Start Time | Outage End Date | Outage End Time | Number of Customers Affected | Total Number of Customers | 911 Facilities Affected (Yes / No) | Service Outage Description (Check all that apply) | Did This Outage Affect Multiple Study Areas (Yes / No) | Service Outage Resolution | Preventative Procedures |
| | 1/21/2012 | 05:03 | 1/22/2012 | 04:30 | 366 | 48187 | No | Wireline (including cable) VoIP, Wireline (including cable) Voice (non-VoIP), Other: Fiber Cut | Yes | Fiber repaired | Diversity implemented |
| | 2/14/2012 | 14:45 | 2/14/2012 | 18:20 | 24 | 48187 | No | Wireline (including cable) VoIP, Wireline (including cable) Voice (non-VoIP), Other: ILEC (Frontier) hardware Failure | Yes | Failed card switched to protect by Frontier | Card replaced |
| | 2/17/2012 | 06:46 | 2/17/2012 | 10:14 | 20 | 48187 | No | Wireline (including cable) VoIP, Wireline (including cable) Voice (non-VoIP), Other: Equipment Failure | No | Equipment reset | Equipment replaced |
| | 2/28/2012 | 18:19 | 2/29/2012 | 01:10 | 16 | 48187 | No | Wireline (including cable) VoIP, Wireline (including cable) Voice (non-VoIP), Other: Equipment Failure | No | Equipment reset | Equipment replaced |
| | 3/9/2012 | 08:45 | 3/9/2012 | 10:00 | 1 | 48187 | No | Wireline (including cable) VoIP, Wireline (including cable) Voice (non-VoIP), Other: ILEC (Frontier) network issue | No | CFA issue (Frontier) | Cabling corrected |
| | 3/30/2012 | 18:20 | 3/31/2012 | 00:04 | 1 | 48187 | No | Wireline (including cable) VoIP, Wireline (including cable) Voice (non-VoIP), Other: Cabling issue | No | TX/RX cables reversed | Human error |
| | 6/29/2012 | 19:00 | 7/4/2012 | 19:08 | 3000 | 48187 | No | Wireline (including cable) VoIP, Wireline (including cable) Voice (non-VoIP), Other: Storm (Derecho) | Yes | Restoration of power and fiber facilities | N/A - Disaster |
| | 7/1/2012 | 20:35 | 7/2/2012 | 22:15 | 3000 | 48187 | No | Wireline (including cable) VoIP, Wireline (including cable) Voice (non-VoIP), Other: Storm (Derecho) | Yes | Restoration of power and fiber facilities | N/A - Disaster |
| | 7/17/2012 | 07:30 | 7/17/2012 | 12:12 | 40 | 48187 | No | Wireline (including cable) VoIP, Wireline (including cable) Voice (non-VoIP), Other: Equipment/Software issue due to upgrade | Yes | Configuration issues resolved | TAC engaged for future upgrades of this particular equipment |
| | 9/25/2012 | 13:05 | 9/25/2012 | 14:31 | 47 | 48187 | No | Wireline (including cable) VoIP, Wireline (including cable) Voice (non-VoIP), Other: Provider power issue and Fiber Cut | Yes | Power restored via generator at provider location | N/A - Third party |
| | 10/5/2012 | 19:57 | 10/6/2012 | 11:40 | 37 | 48187 | No | Wireline (including cable) VoIP, Wireline (including cable) Voice (non-VoIP), Other: Fiber Cut | No | Multiple microbends in fiber resolved | All fibers permanently repaired |
| | 10/30/2012 | 07:18 | 10/30/2012 | 11:56 | 2 | 48187 | No | Wireline (including cable) VoIP, Wireline (including cable) Voice (non-VoIP), Other: Circuit routing issue | No | Routing corrected | Routing corrected |
| | 10/30/2012 | 07:59 | 10/30/2012 | 14:20 | 2 | 48187 | No | Wireline (including cable) VoIP, Wireline (including cable) Voice (non-VoIP), Other: Circuit routing issue | Yes | Routing corrected | Routing corrected |
| | 11/27/2012 | 15:47 | 11/28/2012 | 00:55 | 70 | 48187 | No | Wireline (including cable) VoIP, Wireline (including cable) Voice (non-VoIP), Other: ILEC (Frontier) equipment Failure | No | Card replaced | Card replaced |
| | 11/29/2012 | 13:25 | 11/29/2012 | 14:15 | 27 | 48187 | No | Wireline (including cable) VoIP, Wireline (including cable) Voice (non-VoIP), Other: Equipment Failure | No | Faulty Card Reseated | Faulty Card Replaced |
| | 12/2/2012 | 13:43 | 12/3/2012 | 10:54 | 58 | 48187 | No | Wireline (including cable) VoIP, Wireline (including cable) Voice (non-VoIP), Other: Fiber Cut | No | Fiber points repaired | Primary and Secondary routes were impacted; both repaired |
| | 12/11/2012 | 11:45 | 12/12/2012 | 23:49 | 10 | 48187 | No | Wireline (including cable) VoIP, Wireline (including cable) Voice (non-VoIP), Other: Gas Explosion | No | Multiple fibers repaired | Fibers repaired |

| | |
|--|--|
| (200) Service Outage Reporting (Voice) Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|--|--|

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

| | |
|-----------------------|--------|
| <010> Study Area Code | 209002 |
|-----------------------|--------|

| | | |
|-------|-----------------|---------------|
| <015> | Study Area Name | FIBERNET, LLC |
|-------|-----------------|---------------|

| | | |
|-------|--------------|------|
| <020> | Program Year | 2014 |
|-------|--------------|------|

| | | |
|-------|---|-------------|
| <030> | Contact Name - Person USAC should contact regarding this data | Anne Sarbin |
|-------|---|-------------|

<035> Contact Telephone Number - Number of person identified in data line <030> 540-946-3547

<039> Contact Email Address - Email Address of person identified in data line <030> sarbina@lumosnet.com

<220>

| | | | | | | | | | | | |
|-----|------|------|------|------|------|------|-----|-----|-----|-----|-----|
| <a> | <b1> | <b2> | <b3> | <b4> | <c1> | <c2> | <d> | <e> | <f> | <g> | <h> |
|-----|------|------|------|------|------|------|-----|-----|-----|-----|-----|

[illegible]

Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

| | | |
|-------|---|----------------------------------|
| <010> | Study Area Code | 209002 |
| <015> | Study Area Name | FIBERNET, LLC |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Anne Sarbin |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 540-946-3547 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | sarbina@lumosnet.com |
| <810> | Reporting Carrier | Lumos Networks LLC |
| <811> | Holding Company | Lumos Networks Corp. |
| <812> | Operating Company | Lumos Networks Operating Company |

[illegible]